

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | PS | 66621 | 7/27 |
| O.I.P.E. CLASSIFIER | CAW | 11 | 8/11/00 |
| FORMALITY REVIEW | CM | 71632 | 9/13/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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